COURT NOTICE OF YOUR RIGHT

<u>To Claim Unpaid Wages for Work Performed at</u> The Burke Center for Youth – Pathfinders Ranch.

What Is This About?

Former residents at the residential treatment center Pathfinders Ranch in Driftwood, Texas, filed a lawsuit against the Burke Foundation, the organization that runs Pathfinders, alleging that the Burke Foundation violated a law called the Fair Labor Standards Act because:

 Residents at Pathfinders did not get paid at all when they performed Work Projects or other work assignments.

If you engaged in unpaid "Work Projects" and/or work assignments while residing and receiving treatment at Pathfinders Ranch, and if you were 21 years old or younger as of August 15, 2019, *this is your notice to file a claim*.

The Burke Foundation denies these allegations. The Court will not decide who is right until later. Current and former resident workers may receive money if they win at trial or settle with the Burke Foundation.

What Happens if I File a Claim?

If you file a claim and the resident workers win or there is a settlement, you may receive money.

If you file a claim and the resident workers lose, you will not be able to bring your own lawsuit against the Burke Foundation for the Fair Labor Standards Act violations at issue in this lawsuit.

If you file a claim, you *will not* have to pay the lawyers *anything* out of your pocket. You may have to answer questions or provide evidence, if you have any.

If you file a claim, your name *will not* become a part of any public record; only your initials will be used in public filings.

It is *illegal* for the Burke Foundation to threaten or retaliate against you for participating in this lawsuit.

What Happens if I Don't File a Claim?

You will not be eligible to receive any money from this lawsuit.

Why Am I Receiving This Notice?

So that all affected individuals could receive notice of the pending lawsuit, the Court ordered the Burke Foundation to provide a list of current and former residents who performed Work Projects or other work assignments and who were not paid for their work, along with contact information for those resident workers.

How Do I File a Claim?

- Fill out the Consent and Information forms, and
- Return the attached forms by mail or email.

You must return the forms by _____

What if I Have Questions?

For more information, contact the attorney of your choice or the attorneys who represent the resident workers who brought this lawsuit:

Rebecca Eisenbrey, Attorney EQUAL JUSTICE CENTER (512) 474-0007, ext. 132 (Office) (210) 384-1429 (Cell/Text)

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The call is free and confidential.

CONSENT TO JOIN FLSA UNPAID WAGES LAWSUIT

I agree to join the lawsuit filed by T.S. and G.A. ("Named Plaintiffs"), on behalf of themselves and all other resident workers with the same or similar claims, to recover unpaid minimum wages, liquidated damages, attorney's fees, and costs from the Burke Foundation pursuant to the Fair Labor Standards Act ("FLSA").

I agree to allow Named Plaintiffs to make decisions on my behalf on the FLSA claims in this case, including decisions about entering into settlement agreements, decisions about entering into agreements with Plaintiffs' counsel concerning attorney's fees and costs, and all other decisions that Named Plaintiffs need to make to move the case forward.

I understand that Named Plaintiffs have entered into a Representation Agreement ("the Agreement") with the Equal Justice Center and Disability Rights Texas ("the Law Firms"), and I agree to be bound by it. I understand that I can request a copy of the Agreement from the Law Firms.

I understand and agree that the Law Firms or Named Plaintiffs may in the future appoint other individuals to be Named Plaintiffs. I also understand and agree that this consent may be used in the current case or in any subsequent case that may be filed on my behalf for the same issues.

By choosing to file this consent, I understand that, with respect to the FLSA claims at issue in this lawsuit, I will be bound by the judgment of the Court and any settlement that may be negotiated on behalf of all Plaintiffs, including myself.

Signature of Individual or Individual's	Legally Authorized Representative
Printed Name	Date
If executed by a legally authorized rep	resentative, please specify your relationship to the minor
☐ Parent ☐ Guardian ☐ Other;	

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

This information will not be made part of any public record and is necessary for your attorney's files for litigation and possible settlement purposes.

Name of Resident Worker:				
Nicknames or AKAs:				
Date of Birth:				
Time at Pathfinders Ranch: from			_ to	
Name of Guardian (if applicable): _				
Street Address:				
City, State & Zip Code:				_
Mailing Address:				
City, State & Zip Code:				_
Cellphone Number:				
Alternate Phone Number:				
Email Address:				
Preferred Method of Communication	n (select on	e or more):		
□ Phone Call □ Text Message	□ Email	□ Other: _		
1. Complete, sign, and mail <i>OR</i>	? e-mail this	Consent Fo	rm to:	
	510 S. Co. Austin, Te	cice Center ngress Ave., exas 78704	Ste 206	

2. For more information, contact the attorney of your choice or the resident workers' attorneys. *A call to the resident workers' attorneys is free and confidential.*